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Ophthalmic Literature

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Ophthalmic Literature

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PROGRESS TOWARD EDUCATIONAL STANDARDS.

As was expected, the plan for a joint board and joint examination was adopted by the American Ophthalmological Society, very much as it was by the Section on Ophthalmology of the A. M. A., with scarcely a dissenting voice. This unanimity has not been reached without various misunderstandings and a good many explanations. Such a board cannot do some things that it might be desirable to do, and which might possibly be done by State Boards, or by one Board having the power of the national government, and supported by an educated public opinion.

But we have not the National or the State Boards, and will not have them soon; and the support of educated public opinion is equally lacking. A single board having power to give recognition to careful preparation and merit, and supported by the best part of the ophthalmologists of America can do much to prepare the way for other steps in professional organization and to educate public opinion. Here is a practical method by which we can do something now to bring about a higher standard of education among ophthalmologists and a better discrimination on the part of the general public between the competent and the incompetent specialists.

BOOK NOTICES.

Hirschberg, J., Berlin. *Geschichte der Augenheilkunde, Amerikas Augenärzte in 19 Jahrhundert.* 8vo., 214 pages, 18 illustrations.

It is a hopeful sign that the impulses and work of civilization can go forward in spite of war, with its widespread exploitation and appeal to the methods and instincts of barbarism. So this third book of the twelfth part of Hirschberg's history of ophthalmology, dealing with America's ophthalmologists of the nineteenth century, has a peculiar interest.

"Who thinks a perfect piece of work to see

Thinks what ne'er was, nor is, nor ere shall be."

wrote Pope, and the correctness of the statement is not impeached by this book. It presents errors and omissions and striking vagaries of emphasis. But that the best published account of our predecessors in America should have appeared in a foreign language on the other side of the world, during a world war that has threatened to involve the United States as against Germany, is a remarkable achievement. In spite of his handicaps, Hirschberg has given us a book to which every future American student of the history of ophthalmology will turn for help and inspiration.

The source of this success is clearly traceable to the remarkable library that its author has been accumulating throughout his long professional life. If an American is to write a better history of our profession in America, this book points the path to such an achievement. Hirschberg has been keenly alive to the possibilities of our scientific development; he has been willing to look hopefully toward the new country. This attitude has been typified by his inscription of the book to the Colorado Ophthalmological Society, an honor to that body as gratifying as it was unexpected.

In a general way the material here set forth is grouped around the work of certain individuals, as the discussion of asthenopia with the work of Dyer, or that of ophthalmoscopy with the notice of Lor-

ing. In general the account is confined to the achievements of those whose work is finished. But there are notable departures from this rule, as in the case of heterophoria and the work of Stevens. Living writers are also extensively referred to. So that among the 350 names given in the name index, a large proportion belong to living ophthalmologists. The illustrations are reproductions of portraits of leaders in American ophthalmology. Without being a model of perfection, this book is eminently worth while, and it should at least be found in the library of every American ophthalmologist who is proud to have "studied in Germany."

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Abstracts From Foreign Journals

Speciale-Cirincione. Anatomy and Pathogenesis of So-called Aniridia (Defect of Development of the Iris). (*La Clinica Oculistica*, 15th year, p. 18.)

On the basis of three cases studied post-mortem or after enucleation, and of microscopic findings in embryo eyes, the writer concludes that so-called aniridia is a defect of development or a malformation of the iris, determined at the fourth month of intrauterine life by failure of development of the radial vessels of the iris; the same cause, according to its extent, leading on the one hand to complete aniridia, or on the other to incomplete aniridia or coloboma. In preparation from aniridic globes which he examined, the rudimentary iris or the cellular mass which represented it was traversed by a considerable number of circular vessels around which were disposed the spindle-cell elements, whereas radial vessels were lacking. This fact, taken in connection with the usual mode of development of the iris and other membranes, the initial stage of which is the outgrowth of embryonal vessels, suggests the explanation of lack of expansion of the iris toward the lens.

Haag, C. Juvenile Glaucoma. (*Klinische Monatsblätter für Augenheilkunde*, vol. 54, p. 133.)

Haag criticizes Löhlein's collection of cases from the literature of juvenile glaucoma, on the ground that these published cases are in the main of an exceptional character and therefore hardly adapted

for a study of the features of this form of glaucoma. He has therefore tabulated, from the material of the Tübingen clinic, 67 cases of glaucoma occurring not later than the age of 35 years.

Of a total of 1,032 cases of primary glaucoma recorded in the clinic, four occurred in the first decade of life, sixteen in the second, twenty-six in the third, seventy-four in the fourth, one hundred and seventy-six in the fifth, two hundred and eighty-eight in the sixth, three hundred and twenty-nine in the seventh, one hundred and sixteen in the eighth, and three in the ninth and tenth combined.

The frequency of juvenile glaucoma was not materially different as between the two sexes; or, in unilateral cases, as between the two eyes. In the juvenile cases diseased conditions of other parts of the body were relatively very frequent, especially general nutritional disturbances. In the sixty-seven Tübingen cases inflammatory glaucoma was about twice as frequent as glaucoma simplex; the relation in this respect being about equal in the two sexes.

Of the various refractive conditions myopia was relatively very frequent, being present in 31 per cent. of the 67 cases, and exceeding 6 D. in 17 per cent. Hyperopia was relatively rare, being present in 28 per cent. of the cases. According to these figures, therefore, hyperopia does not predispose to glaucoma, but rather myopia. Glaucoma with high grade myopia was rather commoner in the male than the female sex. Myopia was present in a larger percentage of cases of simple than of inflammatory glaucoma.

Hereditary influences do not appear (according to the cases under review) to be decidedly more frequent in juvenile than in senile glaucoma. Congenital anomalies were frequently observed in juvenile glaucoma. The records of the Tübingen material do not warrant the assumption of an essential difference between juvenile and senile glaucoma.

Lundsgaard, K. K. K. Experiences With Elliot's Operation in Glaucoma. (Klinische Monatsblätter für Augenheilkunde, vol. 54, p. 209.)

The course of 40 cases operated upon by Elliot's method is shown in tabular form. An iritis frequently developed on the third or fourth day, but usually yielded readily to atropin, and gave no cause for anxiety. The tension was regulated by the operation in 32 out of the 40 cases, the result being excellent in 29. Of the 32 seven were observed more than two years, nine from eighteen months to two years, six for twelve to eighteen months, five for six to twelve months, and five less than a half year. Of the remaining 8 eyes, including 7 with inflammatory and 1 with hemorrhagic glaucoma, the tension was not influenced in 6; and in 2, both with attacks of cyclitis, retinal detachment and bulbar atrophy occurred. In every case, with one exception, in which the tension was not reduced, there was no filtration edema; whereas in every case in which the tension was regulated, filtration edema was present and was either readily visible or could be demonstrated easily by palpation with a probe.

Iridectomy (usually a small peripheral excision) was done in 23 instances; in 20 of which the tension was successfully regulated. Of 13 cases in which iridectomy was not done the tension was successfully regulated in 8. Of two cases in which the iris was simply incised, one showed a satisfactory and the other an unsatisfactory result as regards regulation of tension. This appears to speak in favor of iridectomy, but the question is not easy to settle.

With the exception of the unfavorable cases, in which late complications compromised the visual acuity, the visual acuity and visual field were maintained or improved in every case where the tension was successfully regulated by the operation. The most serious danger of sclerectomy is that the conjunctival flap over the scleral opening does not always afford a certain protection against infection. At the

time of writing, the literature had produced at least 28 cases of secondary infection after sclerectomy (Lagrange or Elliot operation).

The Elliot operation is a valuable addition to glaucoma therapy, in suitable cases relatively certain in its action and very easy of execution. It does however, says Lundsgaard, involve more risk than he had supposed in doing his first operation three years ago. He cannot now agree with Elliot's practice of performing the operation for prophylactic purposes. If the tension is higher than 30 mm. of Hg., and the case is uninfluenced by miotics, Lundsgaard is prepared to do the operation in glaucoma simplex, including those cases where the visual field is markedly attacked, and the visual acuity much lowered. He will hesitate to do the operation in secondary glaucoma (uveitis with rise of tension), his two cases of bulbar atrophy having been of this character. To avoid secondary perforation and infection he recommends making the conjunctival flap as thick as possible; and he regards iridectomy as a prophylactic measure, since it prevents iris prolapse, which in his opinion favors perforation.

Giordano, G. *Surgical Treatment of Paralytic Blepharoptosis with Special Regard to the Angelucci Method.* (Archivio di Ophthalmologia. 22nd year, p. 235.)

The five cases described were operated upon according to Angelucci's method, which is thus summarized: A curvilinear incision 2.5 cm. long, and involving the skin and the orbicularis, is made 4.5 below the inferior margin of the eyebrow. The incised tissues are dissected to near the upper tarsal margin. The peripheral portion of the tendon of the elevator being exposed, a small opening is made in it to either side of the median line, a little above its tarsal insertion, in such fashion as to allow of the tendon being held with a strabismus hook. The tendon is isolated from the tarso-orbital fascia, and is divided at 5 or 6 mm. above the tarsal margin, or higher where it is continued into the belly of the muscle. In the first case the tissues of the eyebrow are separated from the periosteum from below up, loops of suture armed with two needles are applied to the margin of the tendon, and the sutures are carried beneath the separated tissues of the eyebrow and made to come out through the skin of the forehead, where they are drawn tight and tied. In the other alternative an incision is made at the upper margin of the eyebrow, and the tendon is sutured to the upper lip of this incision.

Giordano states that in his cases this method has always resulted in satisfactory restoration of the mobility of the lid, the movements of the lid being quite independent of those of the eyeball. The width of the palpebral aperture was almost always equal to that of the sound side, and there was complete closure of the aperture voluntarily or during sleep. In two cases where there was also paralysis of the superior rectus, the results were equally satisfactory.

Ophthalmic Journals

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